

WELLESLEY RECREATION

EMERGENCY INFORMATION & HEALTH FORM

PLEASE RETURN TO:

Wellesley Recreation Department
Warren Building, 90 Washington Street,
Wellesley, MA 02481,
781-235-2370

CHILD'S NAME _____
Last First Initial
CHILD'S DATE OF BIRTH _____ **AGE** _____ **CURRENT GRADE** _____ **GENDER** _____
ADDRESS _____ **ZIP** _____
HOME # _____ **CELL #** _____
MOTHER (OR GUARDIAN) _____ **WK #** _____ **CELL #** _____
FATHER (OR GUARDIAN) _____ **WK #** _____ **CELL #** _____

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EMERGENCY INFORMATION:

If a parent is not available, please notify:

NAME _____ **Relationship to Child** _____
ADDRESS _____ **PHONE#** _____
FAMILY PHYSICIAN _____ **PHONE#** _____
DENTIST / ORTHODONTIST _____ **PHONE#** _____
INSURANCE CARRIER _____ **POLICY#** _____

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PLEASE FILL OUT BOTH SIDES

HEALTH HISTORY:

Please fill out the information below. You MUST attach a copy of your child's medical record to this form.

IMMUNIZATIONS: Measles/Mumps/Rubella _____
(Please list dates) DPT/TOPV _____
Tetanus _____
Tuberculin Test (most recent date & results) _____

DOES YOUR CHILD HAVE ANY SPECIAL NEEDS THAT THE LEADERS NEED TO BE AWARE OF? IF YES PLEASE EXPLAIN.

WHAT SPECIFIC ISSUES RELATING TO PARTICIPANT'S SOCIAL BEHAVIOR AND EDUCATIONAL DEVELOPMENT SHOULD LEADS BE AWARE? INCLUDE FOOD ISSUES, FEARS, INTERESTS...ETC.

DOES THIS CHILD HAVE ANY ALLERGIES? (Please specify)

DOES THIS CHILD HAVE ANY PROBLEMS REQUIRING SPECIAL ATTENTION? (Please specify)

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PERMISSION:

Full permission is granted for my child, _____, to attend and participate in all activities. In case of a medical emergency, it is understood that every effort will be made to notify me. If I cannot be reached, I give permission to the Wellesley Recreation Department to secure any necessary emergency treatment for my child.

SIGNATURE OF PARENT/GUARDIAN _____ **DATE** _____

NOTE: This EMERGENCY INFORMATION / HEALTH FORM **MUST** be returned to the Recreation Office before the class begins. Your child will not be allowed to participate in the program unless this form is on file.